

200 N. Martingale Rd., Ste. 405 Schaumburg, IL 60173 847-342-4500 info@1891FinancialLife.com www.1891FinancialLife.com

## **MILITARY QUESTIONNAIRE**

TO BE COMPLETED BY THE PROPOSED INSURED

Nar	ne of Proposed Insured:		DOB: _	MM/DD/YYYY	
1) 2) 3)	Do you belong to an active military compon If no, are you a member of the:   National If serving in any capacity listed above, whice Army Navy Air Force	l Guard ☐ Reserves			
4)	Please indicate:				
	☐ Career military	□ Serving military obligat	ion		
5)	If a member of the Reserves or National Guard, are you currently:				
	Active Reserve	Retired Reserve			
	Individual Ready Reserve (IRR)				
	Other:				
6)	Rank:				
	<del></del>	☐ Enlisted (pay grade		_)	
7)	Designation of Assigned Unit, including location:				
8)	Military Occupational Specialty (MOS):				
•,	In addition, indicate if current duties include:				
	☐ Scuba or other underwater diving				
	Demolition or ordinance disposal				
	Aviation, please indicate whether pilot or	crew and type of aircraft:			
		crow, and type or anoran.			
9) Have you been alerted, placed on stand-by or volunteered for overseas duty?					
	☐ No ☐ Yes If yes, please provide details:				
10)	If currently active duty, please provide deta	ils of last Permanent Chang	e of Stati	on (PCS), including location:	
	When is your next PCS expected?				
•					
I understand that this declaration will be relied upon by 1891 Financial Life in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere, could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge.					
Cia	nature of Dranged Inc.	Doto			
Signature of Proposed Insured  Date  If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery					

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